

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								*	
1	/						51								
2		1					52								
3		3					53								
4							54								
5		2					55								
6		2					56								
7		2					57								
8		2					58								
9		2					59								
10		2					60								
11		2					61								
12		2					62								
13		2					63								
14		2					64								
15	1						66								
16		1					66								
17		2					67								
18		2					68								
19		2					69								
20		2					70								
21		2					71								
22		2					72								
23		2					73								
24		2					74								
25		2					75								
26		2					76								
27		2					77								
28		2					78								
29		2					79								
30		2					80								
31		2					81								
32		2					82								
33		2					83								
34		2					84								
35		2					85								
36		2					86								
37		2					87								
38		2					88								
39		2					89								
40		2					90								
41		2					91								
42		2					92								
43		2					93								
44		2					94								
45		2					95								
46		2					96								
47		2					97								
48		2					98								
49		2					99								
50		2					100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	37	2	2	2	2	2	TOTAL DEP.	2	2	2	2	2	2	2	2
TOTAL CLAIMS	39	2	2	2	2	2	TOTAL CLAIMS	2	2	2	2	2	2	2	2